SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

RECEIVED

Page 1 of 17

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COVER PAGE BRISTOL, CT

1. NAME OF COMMITTEE										
Brittany for Bristol										
2. TREASURER NAME							40.0			
First		MI		Last					A	Suffix
David	,			Calhou	n					
3. TREASURER ADDRESS										
Street Address	,		City			2003-200-	State	Zip C	Code	
128 Queen St			Brist	tol				СТ	060)10
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complet	e only	if Candidat	e Committee)			ı	6. DIST	RICT NUMBER
(mm/dd/yyyy) 11/7/2017	city council	cy council					5-9-53 common 200	(if applicabl	le)	
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)								
First .		MI		Last					netry nemocracy	Suffix
Brittany	5.			Barney	•					
8. TYPE OF REPORT (Check One Box)										
O January 10 filing	7th day preced	ding primar	y	O7th	day preceding	referendum		nitial Cont		or Disbursement
April 10 filing	O30 days follow	wing primar	y	O 45	days following	referendum	_ `	Amendmen		
July 10 filing	7th day preced	ding election	n	O De	ficit		T	ype of Rep	ort:	
October 10 filing	12th day prece (State Central Con			⊙ Te₁	rmination		_			
OPrimary OElection	O45 days follow not held in No		n							
9. PERIOD COVERED										
	Beginning Da	te			Ending	g Date				
	October 30, 2017	7		thru	January 8, 2	2018				
10. CERTIFICATION										
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.										
Karex Viber			K.	ARE	OF SIGNER	BETU		_	1-8	-18
TREASURER OR PEPUTY TREASURE	(SIGNATURE)		PRIN	IT NAME	OF SIGNER				DATE	(mm/dd/yyyy)
, , ,								_		

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

Page 2 of 17

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Brittany for Bristol	TYPE OF REPORT Termination	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0.00
12. Balance on hand at the beginning of Reporting Period	1683.29	
13. Contributions Received from Individuals (Sections A and B)	50.00	2615.00
14. Receipts from Other Committees (Sections C1 and C2)	0.00	450.00
15. Other Monetary Receipts (Sections D through K)	0.00	0.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0.00	0.00
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0.00	0.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	50.00	3065.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	1733.29	3065.00
19. Expenses Paid by Committee (Section P)	1738.29	3070.00
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	-5.00	-5.00
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)		
23. In-Kind Contributions Received (Section M)		
24. Refundable Deposit to Telephone Company (Section N)		
25. Loan Balance		
25a. + Loans Received (Section D)		te de la seguitar de la companya de
25b. + Interest and Penalties on Loan		
25c Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)		
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposit	TYPE OF REPORT
Brittany for Bristol	Termination
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)	
B. Itemized	d Contributions from Individuals
Last Name	First MI
Veits	William
Residential Street Address	City State Zip Code
31 Natalie Court	Bristol CT 06010
Principal Occupation	Name of Employer
income tax preparer	self - William J. Veits, EA
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he valued at more than \$5,000?	f \$400 to a candidate for a chief executive officer of a municipality, he/she is associated with have a contract with said municipality Oyes ONo Solo O
If yes, list Event # No If yes, indicate which of government the co	al of a state contractor or prospective state contractor? Ch branch or branches
Method of Contribution:	Date Received Aggregate Contributions
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Money Order 11-14-17 50.00
Last Name	First MI
Residential Street Address	City State Zip Code
Principal Occupation	Name of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\frac{3}{2}\$ does contributor or business he valued at more than \$\frac{5}{2},000?	\$400 to a candidate for a chief executive officer of a municipality, ne/she is associated with have a contract with said municipality Yes No
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which of government the co	al of a state contractor or prospective state contractor? Ch branch or branches contract is with: Executive Legislative
Method of Contribution:	Date Received Aggregate Contributions
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Money Order
Last Name	First MI
Residential Street Address	City State Zip Code
Principal Occupation	Name of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\ does contributor or business he valued at more than \$5,000?	\$400 to a candidate for a chief executive officer of a municipality, ne/she is associated with have a contract with said municipality Yes No
If yes, list Event # No If yes, indicate which of government the co	l of a state contractor or prospective state contractor? h branch or branches ontract is with: Executive Legislative
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mo	Anney Order Aggregate Contributions
SU	UBTOTAL Section B — This Page 50.00
	TAL of additional Section B Pages 0.00
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on L	ROM INDIVIDUALS (Sections A + B) Line 13, Column A of Summary Page Totals) 50.00

NAME OF COMM	MITTEE (Provide Comple	te Name as Registered	with Filing Repos	itory)		TYPE OF REPORT				
Brittany for Brist	100			e de la constanta	Stand San Was Control to the control of Control on the	Termination				
N GG		C1. (Contributio	ons from O	ther Commi					
Name of Committee					Name of Treasur	er				
Address				-						
Address				Is this contri event repor	ribution associated ted in Section L1? <i>If yes</i> , list		Amount of	Contribution		
City		State	Zip Code	Date Reco	eived	Aggregate Contributions				
Name of Committee			_		Name of Treasur	er				
Address		***************************************		Is this contr	ibution associated ted in Section L1?	with an Yes No	Amount of	Contribution		
City		T			If yes, list	Event#				
City		State	Zip Code	Date Rece	eived	Aggregate Contributions				
Name of Committee					Name of Treasur	er				
Address	. 10			Is this contr	ibution associated ed in Section L1?	with an Yes No	Amount of (Contribution		
a:					If yes, list					
City		State	Zip Code	Date Rece	vived	Aggregate Contributions	~			
	C2. R	eimbursemen	is or Surnl	us Distrib	utions from a	other Committees				
Name of Committee					Name of Treasur	The state of the second	<u> </u>			
Address				City	L		State	Zip Code		
Date Received	Expenditure # (if applicable)	Payment Type		L.,,			Amount o	Amount of Receipt		
		OReimbursem	ent for shared e	expense OS	urplus Distributio	n		•		
Description					······································					
Name of Committee										
Name of Committee					Name of Treasure	भ ा				
Address										
Address				City			State	Zip Code		
Date Received	Expenditure # (if applicable)	Payment Type		<u>-</u>			Amount o	f Receint		
		Reimburse	ment for shared	d expense	Surplus Distribut	ion	12	- Accorpt		
Description			 				_			
			SUBTO	TAL Sectio	n C — This P	age 0.00				
			TOTAL	of additiona	l Section C Pa	iges				
	TOTAL OF	ALL COMMIT	TEE CONT	RIBUTIONS	S AND RECEI	PTS 0.00				
	(Sections	C1 + C2) (Enter t	otal on Line 14	, Column A of	Summary Page 1	otals)				

NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	iling Reposito	ory)	`		PE OF	REPORT	
	_			161	IIIIIIIa	lion	
Name of Lender	. Loans	學的 医传示机 的现代	ed this Period Source of Loan:				Date of Receipt
Name of Lender			OBank O Cand	lidate 🔘 Inc	dividual	Other Committee	Date of Receipt
Street Address	City			Sta	ite	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City			St	ate	Zip Code	
Name of Lender	Source of Loan: Bank Ca			lidate 🔘 Inc	dividua	Other Committee	Date of Receipt
Street Address	City			Sta	ate	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	Amount Received						
Street Address	City			St	tate	Zip Code	
Name of Lender			Source of Loan: Bank Cand	didate 🔘 In	dividua	Other Committee	Date of Receipt
Street Address	City			Sta	ate	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)				•			Amount Received
Street Address	City			S	tate	Zip Code	3
			TOTAL SECT	ION D	0.00)	
E. Receipts from Entities other tha	an Indiv	iduals o	or Other Com	mittees (1	Referer	ıdum Committe	es ONLY)
Name of Entity				To a	 		
Street Address				Date Rec	eived		Amount Received
City		State	Zip Code	Aggregat	te Contril	butions	
Name of Entity			1				
Street Address				Date Rec	eived		Amount Received
City		State	Zip Code	Aggregat	te Contri	butions	
Name of Entity							
Street Address				Date Rec	ceived		Amount Received
City		State	Zip Code	Aggrega	ite Contri	butions	-
		l	TOTAL SECT	FION E			

	EE (Provide Complete Name as Registere	ed with Filing Repository)		TYPE OF REPORT	
Brittany for Bristol				Termination	
F	. Amount Transferred f	rom Affiliated Busine	ss Treasury (Busine	ss Entity Committe	COME LOCAL MATERIAL CONTRACTOR AND
Pate of Receipt	Is this transaction associate event reported in Section		s, list Event #		Amount
ate of Receipt	Is this transaction associate vent reported in Section	ed with an Yes If ye No	s, list Event#		Amount
ate of Receipt	Is this transaction associatevent reported in Section		es, list Event #	,	Amount
ate of Receipt	Is this transaction associate event reported in Section	red with an Yes If you No	es, list Event#		Amount
			TOTAL SECTION	F	
G. Amount T	ransferred from Affiliat	ed Labor Union or Ot Date of Receipt	her Organization	Treasury (Organ	ization Committees ONLY)
vale of recorpt		<u>.</u>			
	Amount	Amou	nt		Amount
		,	FOTAL SECTION	G	
	H. Personal Funds of	the Candidate Receive	ed this Period (Can	didate Committees	ONLY)
Date of Receipt	Method of payment: Cash	Personal Check	Credit/Debit (Card	Amount
Date of Receipt	Method of payment:	Personal Check	Credit/Debit	Card	Amount
Date of Receipt	Method of payment:	O Personal Charles	Credit/Debit	Cord	Amount
Date of Receipt	Method of payment:	Personal Check	Crediv Debit	Card	Amount
	O Cash	Personal Check	Credit/Debit		
			TOTAL SECTION	0.00 ON H	
Ver. 100 11 12 11 11 11 11 11 11 11 11 11 11 11		I. Anonymous C	ontributions		
	Per Public Act 11-48,	Anonymous Contrib	utions may no lon	ger be deposit	ed in <i>any</i>

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

NAME OF COMMITTEE (Provide Complete A	ame as Registered with Filing Repository)		1. *DEMONSTRATION	REPORT	
Brittany for Bristol		I	rminat	ION	
N. C	J. Interest from Deposits in Auth		te Receiv	-d	.
Name of Institution		Da	ie Keceiv	ea	Amount
Street Address	City	State	T	Zip Code	
			ĺ	·	
Name of Institution	·	Da	te Receiv	ed	/ Amount
Street Address	City	State		Zip Code	
	To	TAL SECTION J			
K. M	scellaneous Monetary Receipts not	Considered Cont	ibuti	ons	
Name			Date of	of Transaction	Amount Received
Street Address	City	1	State	Zip Code	
Description	_				
Name	An and the second secon		Date	of Transaction	Amount Received
Street Address	City	[:	State	Zip Code	
Description		, , , , , ,			
N			Date	of Transaction	
Name			Batte	or remisection	Amount Received
Street Address	City		State	Zip Code	
Description		 			
Name			Date	of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description		l			
	TOTA	L SECTION K	0.00		
SUMMA	RY OF OTHER MONETARY REC		DODES AND CO	ough K)	
Total Loans Received this Period (Sec					
Total Receipts from Entities other than	n Individuals or Other Committees (Section	E)	+		
Total Amount Transferred from Affili	ated Business Treasury (Section F)		+		
Total Amount Transferred from Affili	ated Labor Union or Other Organization Tr	reasury (Section G)	+		
Total Amount of Personal Funds of th	e Candidate Received this Period (Section H	I)	+		
Total Amount of Interest from Deposi	ts in Authorized Accounts (Section J)		+		
Total Miscellaneous Monetary Receip	ts not Considered Contributions (Section K)		+	75.00	
(Add	Total of O Sections D through K) (Enter total on Line 15, 0	other Monetary R Column A of Summary P	the expense of the land of the same	2021 / J.VV	

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Brittany for Bristol			Termination					
	L1. Even	t Information						
Event #	Description			Was this a	fundraising event?			
Date of Event Letter				OY				
Location: Street Address		Io:		<u> </u>				
Location. Street Address		City		State	Zip Code			
Subpart 1: (All Committ	ees)		***************************************					
Was this event hosted at a	a personal residence?	Yes (If yes, go to Section L.						
		Associated with a Hou purchases made by hos	•	•	7 1			
		O No	e(b) for food, beverage	una miriation	,			
Did this fundraiser includ	e goods or services donated by a business entity	Yes (If yes, go to Section L	4 In-Kind Donations	not Consider	ed Contributions			
of up to \$200 or items do	nated by an individual of up to \$100?	and complete required						
XX7 11 C 1		O No						
was this fundraiser a tag with purchases from an ir	sale, auction, or other sale of donated items	OYes (If yes, enter Total Rec	eipts here.)	. [\$				
with parenases from all it	territation of up to \$100.	O No		3				
Subpart 2: (Party Comm	nittees, Municipal Candidates and Political Comm							
	advertising space in a program book or on a	OYes (If yes, go to Section L.			n a Program Book			
sign associated with this	rundi aisei :	or on a Sign and comp	nete required inform	ation.)				
Subpart 3: (Town Comm	nittees ONLY)							
	food or beverage at a fair or similar mass	OYes (If yes, enter Total Rec	eipts here.)	. [\$				
gathering held within the	state with this fundraiser?	ONo						
		O INO						
T4.11	In		0.400					
Event # Date of Event Letter	Description		•	1	fundraising event?			
				OY	es O No			
Location: Street Address	<u>*************************************</u>	City		State	Zip Code			
Subpart 1: (All Committ	(ana)			l				
Was this event hosted at		Yes (If we go to Section I.:	5 In-Kind Donations	not Consider	ed Contributions			
77 55 77 57 57 57 57 57 57 57 57 57 57 5		Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any						
		purchases made by host(s) for food, beverage and invitations.) No						
Did this fundraiser include	le goods or services donated by a business entity	Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions						
	nated by an individual of up to \$100?	and complete required		not Consider	rea Contributions			
•		O No						
	sale, auction, or other sale of donated items	Yes (If yes, enter Total Rec	eipts here.)					
with purchases from an in	ndividual of up to \$100?	O No		\$				
Subnart 2: (Party Comm	nittees, Municipal Candidates and Political Com		Committees)					
Were there purchases of	advertising space in a program book or on a	Yes (If yes, go to Section L		tising Space	in a Program Book			
sign associated with this	fundraiser?	or on a Sign and com	plete required inform	ation.)				
Subpart 3: (Town Comn	OM V	O No						
_	food or beverage at a fair or similar mass	Yes (If yes, enter Total Rec	eints here.)		<u> </u>			
	state with this fundraiser?	_		\$				
		ONo						
SUBTOTAL Section	on L1—Subpart 1 (All Committees) Total Receipts fr	rom Sale of Donated Items —	This Page					
	OIDTOTAL S	ion I 1 S. 1 . 2 //F . C	Hom ONLY					
		tion L1—Subpart 3 <i>(Town Commi</i> eipts from Food Purchases —						
		TOTAL of additional Section	n Li Pages 0.00					
	TOTAL OF ALL RECE	CIPTS FROM SMALL PU	RCHASES					
		n Line 16a, Column A of Summar						

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed

	According to the property of the control of the con							
	(Provide Complete Name as Registe	ered with Filing Reposite	ory)		TYPE OF REPO	RT		
Brittany for Bristol					Termination			
1.2	L3. Purchase	es of Advertisi	ng in a Progi	ram Book or	on a Sign			
Name of Purchaser					_	Purchas	se Made By:	
					f	OBu	siness Entity	Other
						OInc	lividual/Sole F	Proprietorship
Street Address			City				State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se	 Amount of Si	an Purchasa
					ogram rau r ur enu		Amount of Si	gn i ui chasc
Name of Purchaser					- 4		se Made By:	_
						_	siness Entity	Other
Street Address		****	Т			OInd	lividual/Sole P	
Succi Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se .	Amount of Sig	gn Purchase
Name of Purchaser						<u></u>		
					,	_	se Made By:	⊘ od
					-	Ξ.	siness Entity	Other
Street Address			City			Omo	lividual/Sole P	Zip Code
							State	Zip Code
	T	· · · · · · · · · · · · · · · · · · ·	L					
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se	Amount of Si	gn Purchase
Name of Purchaser	<u> </u>					Purchas	e Made By:	
							siness Entity	Other
						_	lividual/Sole P	_
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All France	14 4 68			<u> </u>	L
Date Recorred	Event #	Aggregate Furchases	ioi Ali Events	Amount of Pr	ogram Ad Purcha	se	Amount of Sig	gn Purchase
Name of Purchaser				-		Purchas	e Made By:	
						OBu	siness Entity	Other
						OInd	lividual/Sole P	roprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se	Amount of Sig	n Purchase
					- g			511 x ur chuse
	SUBTOTAL Section L3 T	otal Purchases of	Advertising in	Program Book -	— This Page			
	SUBTOTAL Sect	ion L3 Total Purc	hases of Advert	ising on a Sign -	— This Page			
			TOTAL of	additional Secti	on L3 Pages			
TOTA	L OF ALL PURCHASES (OF ADVERTISIN	G IN A PROGI	RAM BOOK or	ON A SIGN O	20		
and the same of th		(Enter total on)	Line 16c, Colum	n A of Summary	Page Totals)	JU		

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMIT	TEE (Provide Complete Name	as Registered with Filing Re	epository)	TYPE OF	PEROPT
Brittany for Bristol			I	Terminat	20 C C C C C C C C C C C C C C C C C C C
C 44802	T.	4 In-Kind Donat	ions Not Co-	sidered Contributions	
Name of Donor		in King Donat	IOHS THOU COL	isidered Contributions	
·					
Street Address	****		City		In In In
					State Zip Code
Donation Given By:	Description of Donation				
Business Entity	- supplied of Bolitation				Fair Market Value of Donation
O Individual	Date Received	[F .#			
Sole Proprietorship	Bate Received	Event #		Aggregate Value for this Event	
Name of Donor					
Name of Donor					
Street Address		· · · · · · · · · · · · · · · · · · ·			
Succi Address			City		State Zip Code
Donation Given By:	Description of Donation		·		Fair Market Value of Donation
Business Entity					James Value of Bonagon
OIndividual OSole Proprietorship	Date Received	Event #		Aggregate Value for this Event	
Sole Proprietorship					
Name of Donor					
Street Address			City		State Zip Code
Donation Given By:	Description of Donation				
Business Entity					Fair Market Value of Donation
OIndividual	Date Received	Event #	· · · · · · · · · · · · · · · · · · ·	Aggregate Value for this Event	
Sole Proprietorship				SS SS S S S S S S S S S S S S S S S S	
Name of Donor					
Street Address			City		
					State Zip Code
Donation Given By:	Description of Donation				
Business Entity	- stription of Bohadon				Fair Market Value of Donation
O Individual	Date Received	IF			
Sole Proprietorship	Date Received	Event #		Aggregate value for this Event	
			d Total tagging and the contraction of the		
		S	UBTOTAL Sect	tion L4— This Page	
		T(OTAL of additio	nal Section L4 Pages	
ТОТ	AL OF ALL IN-KIND	DONATIONS NOT	CONCIDERED	CONTRACTOR	
		Enter total on Line 2	1, Column A of S	ummary Page Totals) 0.00	

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Pro	vide Complete Name as Registered with Filing Repo	ository)			TYPE OF RE	PORT	
Brittany for Bristol					Termination		
	n-Kind Donations Not Conside	ered C	ontributions Associa	ted with a]	House Part	y	
Name of Host				committee?	supporting mo OYes ON omplete Itemiza	o	ne candidate or
Street Address			City			State	Zip Code
Description of Donation					Fair Mar	ket Value o	of Donation
Event #	Aggregate Value of this Event—all hosts	Agg	regate Value of all Events—this he	ost/candidate			
Name of Host				committee?	Supporting mo OYes ONe omplete Itemiza	0	e candidate or
Street Address		T I	City	1 19 703, 00	mprete Henriza	State	Zip Code
)						
Description of Donation					Fair Mar	ket Value o	l of Donation
Event #	Aggregate Value of this Event—all hosts	Agg	regate Value of all Events—this he	ost/candidate	-		
Name of Host				committee?	supporting mo OYes ONo omplete Itemiza	0	e candidate or
Street Address	,		City	1 33,		State	Zip Code
Description of Donation					Fair Mar	ket Value o	f Donation
Event#	Aggregate Value of this Event—all hosts	Aggı	regate Value of all Events—this ho	ost/candidate			
Name of Host				Is this event sommittee?	Supporting mo OYes ONo mplete Itemiza)	
Street Address	:		City	29 9 6 8 , 00	improto reninza	State	Zip Code
Description of Donation		`			<u></u>		
					Fair Mar	ket Value o	f Donation
Event#	Aggregate Value of this Event—all hosts	Aggr	regate Value of all Events—this ho	est/candidate		î.	
		SUBT	OTAL Section L5 — 7	This Page			
	Т	ГОТАІ	of additional Section	L5 Pages	0.00		
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NO HOUSE PARTY (Enter total on I		NSIDERED CONTRII , Column A of Summary I		0.00		

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete	Name as Re	gistered with	Filing Repository)				TYPE O	REPORT		
Brittany for Bristol	anguda and a later to the			an Contract to the Contract of	trigin a ser		Termina	ation	Calle della Sente della	Street market programmer and the street of t
			M. In-Kii	id Cont	ril	outions			, in	
Name										
Street Address			4	10	City				State	Zip Code
					-					
Type of contributor:	Date Recei	ved	Aggregate Contr	ibutions		Description of In-Kind	Contribution	ı	.1.	
OIndividual / Sole Proprietorship OOther										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does cor		business he/she		d w	for a chief executive of the contract with have a contract with Yes No				Market Value Contribution
Is this contribution associated with an	Q Yes					actor or prospective st	ate contrac	tor? OYes		
event reported in Section L1? If yes, list Event #	O No		indicate which ernment the cont			Executive Legislative				
Name						-				-
					_					
Street Address					City				State	Zip Code
Type of contributor:	Date Recei	ived	Aggregate Contr	ibutions		Description of In-Kind	Contribution	L	<u> </u>	1
OIndividual / Sole Proprietorship Oother										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	* ' Acord contributor or business be/sha to associated with have a contract with said municipality. I of this Contribution									
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	If yes,	ntor a principal of indicate which contents	branch or	bra	actor or prospective st nches Executive	_	ONo		
Name		l or gove	minone the cont	TOOL 13 WILL		DACCULIVE	JE081316			
Street Address					City	7			State	Zip Code
	In.		January C. :	Jharei		Description of the William	Contributi			
Type of contributor: Committee On Individual / Sole Proprietorship Other	Date Rece		Aggregate Contr			Description of In-Kind				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does co		r business he/she		ted	e for a chief executive with have a contract v Yes No				Market Value s Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	Yes No	If yes,	utor a principal of indicate which ernment the cont	branch or	ontra bra	actor or prospective st		ŎNo		
		1			78 %	etion M — This Pa				
						nal Section M Pag				
TOTAL OF ALL IN-KIND CON	TRIBU	TIONS	Enter total on Li	ne 23, Colu	mn	A of Summary Page T	otals)			
	N	. Refun	dable Depo	sit to T	ele	phone Compa	ny			
Last Name of Individual				First			,	MI	Date Depos	sit Made
Residential Street Address			City			. · · · · · · · · · · · · · · · · · · ·	State	Zip Code		Amount of Deposit
Name of Telephone Company									_	•
-										
Street Address	······································		City				State	Zip Code		
				•	andst Messer		<u> </u>		_1	
TOTAL S	ECTIO	N N (Enter	r total on Line 2	4, Column	A	of Summary Page To	tals) 0.0	0		

SEEC FORM 20 Revised January 2015

IV. EXPENDITURES (Sections P-T)

Page 13 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Brittany for Brisotl			TYPE OF REPORT Termination				
	P. Expense	s Paid by Committee			100 mg		
Name of Payee Fortier 2017			Date of Payment	Method of Payment: Check #507 Debit Card Defit			
Street Address		City		State	Zip Code		
Garden ST		Bristol		СТ	06010		
Purpose of Expenditure (by code)	Description Reimbursement		Amount 927.28				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con Coordinated without reimbursement sought (in-kind con Coordinated without reimbursement sought)						
Name of Payee Bristol Democratic Town Committee Occordinated without reimbursement sought (in-kind contribution) Organization OADBOCOD Date of Payment					Method of Payment: Check # bank check Debit Card EFT		
Street Address	and the second s	City		State	Zip Code		
Post Office Box 11	84	Bristol		СТ	06011		
Purpose of Expenditure (by code)	Description Event # donation				Amount 811.01		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization A B OC D						
Name of Payee			Date of Payment	Method of Che			
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below Coordinated with reimbursement sought (joint expend	liture) Indepen					
Name of Payee			Date of Payment	Che	of Payment: eck # bit Card		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below Coordinated with reimbursement sought (joint expend	liture)					
		SUBTOTAL Section P -	- This Page 1738.29				
	7	FOTAL of additional Secti	on P Pages 0.00				
		PENSES PAID BY CON Line 19, Column A of Summary					

	TEE (Provide Complete Name as Registered with Filing Reposito	(עז	TYPE OF REPORT				
Brittany for Bristol	Termination						
		penses Paid by Cand					
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
				O Yes O No			
Street Address		City		State Zip Code			
Purpose of Expenditure	Description		Event #	Amount			
(by code)	rde)						
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?			
			Date of Fuymon				
Street Address		Tc:-		Yes No			
Subot Hadioss		City		State Zip Code			
Purpose of Expenditure (by code)	Description		Event #	Amount			
				,			
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
				O Yes O No			
Street Address		City		State Zip Code			
Purpose of Expenditure	Description		Event #	Amount			
(by code)				· · · · · · · · · · · · · · · · · · ·			
Name of Payer (Name of I							
ivame of rayee (rume of v	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
				Yes No			
Street Address		City		State Zip Code			
Purpose of Expenditure (by code)	Description		Event #	Amount			
'							
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
				O Yes O No			
Street Address		City		State Zip Code			
				State 2.5p code			
Purpose of Expenditure	Description		I F #				
(by code)	Description		Event #	Amount			
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
				O Yes O No			
Street Address		City		State Zip Code			
Purpose of Expenditure	Description	_ <u> </u>	Event #	Amount			
(by code)							
SUBTOTAL Section Q — This Page							
TOTAL of additional Section Q Pages 0.00							
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26, Column A of Summary Page Totals)							
	(Enter wat the	20, Column A OJ Summur	, rage roids)				

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITI Brittany for Bristo	EE (Provide Complete Name as Regist	tered with Filing Repository)	TYPE OF REPORTED Termination					
•								
Name of Issuing Insti		Expenses Incurred on Commit	The state of the s					
		O Visa	Master Card Discover	American Express Other:				
Name of Vendor, Person of	Date of Transaction							
Street Address		City		State Zip Code				
Purpose of Expenditure (by code)	Description	· · · · · · · · · · · · · · · · · · ·	Event #	(Amount				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OR OR OR OR OR OR OR OR OR OR							
Name of Vendor, Person of	or Entity			Date of Transaction				
Street Address		City		State Zip Code				
Purpose of Expenditure (by code)	Description		Event#	Amount				
Expenditure # (if applicable)	None of the below Coordinated with reimburser		ie below" is checked) Independent Organization: OA OB O	СОР				
Name of Vendor, Person of	or Entity			Date of Transaction				
Street Address		City		State Zip Code				
Purpose of Expenditure (by code)	Description		Event #	Amount				
Expenditure # (if applicable)	None of the below Coordinated with reimburser	n Addendum R Required unless "None of the ment sought (joint expenditure) resement sought (in-kind contribution)	e below" is checked) Independent Organization: OA OB O	с Ор				
		SUBTOTAL Secti	on R — This Page					
		TOTAL of additiona	l Section R Pages					
то	TAL OF ALL EXPENSES	S INCURRED ON COMMITTEE (Enter total on Line 27, Column A of						

NAME OF COMMIT	IEE: (Provide Complete Name as Registered with Filing Repositor	n))	TYPE OF REPORT			
Brittany for Bristol Terminat						
	S. Expenses Incurred by Com	nmittee but Not Paid	During this Period			
Name of Creditor				Date Incu	rred	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		1	Amount Incurred (Estimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (<i>Itemization in Addendum S Require</i> None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind of the coordinated without reimbursement sought)	Indep	f is checked) pendent nization: OA OB OC C) D		
Name of Creditor				Date Incu	rred	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description	······	Event#		mount Incurred stimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (<i>Itemization in Addendum S Require</i> None of the below Coordinated with reimbursement sought (joint expendence) Coordinated without reimbursement sought (in-kind of the below)	Indep	ris checked) pendent mization: B C C) D		
Name of Creditor	The state of the s			Date Incu	urred	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		nount Incurred stimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Require None of the below Coordinated with reimbursement sought (joint expendence) Coordinated without reimbursement sought (in-kind of the coordinated without reimbursement sought)	Indep	'is checked) pendent nization: OA OB OC O) D		
		SUBTOTAL Section	S-This Page	•		
		TOTAL of additional Se	ection S Pages			
TOTAL OF ALL	EXPENSES INCURRED BY COMMITTEE DUI (Enter total on	RING THIS PERIOD BU Line 28, Column A of Sumn				
	Previously reported Ex	kpenses Unpaid and still (Outstanding			
	TOTAL OF ALL EXPENSES INCURRE (Enter total on I	ED BY COMMITTEE BU Line 28a, Column A of Summ				

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT									
Brittany for Bristol Termination					n				
T. Itemization of Reimbursements and Secondary Payees									
Last Name of Worker/Consultant		Firs	st	`			MI	Date of P Person or	ayment to Vendor, Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		!					n Section P:	_	Worker/Consultant as
Street Address of Vendor, P	erson or Entity Paid by Committee Worker/Consultant		City					State	Zip Code
Purpose of Expenditure (by code)	Description				Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expended Coordinated without reimbursement sought (in-kind)	penditure) O Independent				O 6) O		
Last Name of Worker/Cons	ultant	Firs	st				MI	Date of P Person or	ayment to Vendor, Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant							n Section P:	_	Vorker/Consultant as
Street Address of Vendor, P	erson or Entity Paid by Committee Worker/Consultant		City					State	Zip Code
Purpose of Expenditure (by code)	Description				Event #				Amount
Expenditure # (if applicable)									
Last Name of Worker/Cons	ultant	Fire	st				MI	Date of P Person or	ayment to Vendor, Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant							n Section P:	_	Vorker/Consultant as
Street Address of Vendor, F	Person or Entity Paid by Committee Worker/Consultant		City			•		State	Zip Code
Purpose of Expenditure (by code)	Description				Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint exper Coordinated without reimbursement sought (in-kind	nditu	пе)	◯ Indepe	,	О () O		
SUBTOTAL Section T — This Page									
TOTAL of additional Section T Pages									
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	VO	RKERS A	ND CONS	SULTAN	rs 0.00)		